

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7697

State File No. _____

Registrar's No. 315

FILED MAR 11 1943
Registration District No. 101

Primary Registration District No. 101

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Henry Rollins
3. (b) If veteran, name war ? 3. (c) Social Security No. ?

4. Sex male 5. Color or race colored 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Gertrude Rollins 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased ? 1875 ?
(Month) (Day) (Year)

8. AGE: Years 67? Months ? Days ? If less than one day _____ hr. _____ min.

9. Birthplace Palmyra Va.
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER { 12. Name John Rollins
13. Birthplace Unknown Va.
(City, town, or county) (State or foreign country)
14. Maiden name Carrie Davis
15. Birthplace unknown Va.
(City, town, or county) (State or foreign country)

16. (a) Informant Gertrude Rowlins

(b) Address 25 Evelyn Ave So. Kinloch Mo.

17. (a) Burial (b) Date thereof 2-1-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Pk. Cemetary

18. (a) Signature of funeral director Boyd Bros. Funeral Home

(b) Address Lix & Stanza Str. S. Kinloch Pk. Mo.

19. (a) FEB 18 1943 (b) E. G. Mc Gargan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town S. Kinloch
(If outside city or town limits, write "RURAL")
(d) Street No. 25 Evelyn Ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 27
year 1943 hour 9 minute 15 p.m.

21. I hereby certify that I attended the deceased from 1-22-43
19____ to 1-27-43 19____
that I last saw him alive on 1-27-43 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure Duration 2 days
Due to hypertension, arteriosclerosis, heart disease years
Due to hypertension years
Other conditions hypertension, arteriosclerosis, heart disease
(Include pregnancy within month of death)
Major findings: arteriosclerosis, hypertensive heart disease
Of operations _____

Of autopsy 43A
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Dr. R. L. Jensen (M. D. or other)
Address St. Louis County Mo. Date signed 1-29-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Louis V. Atkins

Licensed Embalmer No.

2842

P. O. Address.....

3644 Finney

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.